

032204

17707 U.S. PTO

Please type a plus sign (+) inside this box →



PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	0315-000505/REA
	First Named Inventor	Rajan Rajendran et al.
	Original Patent Number	6,672,846
	Original Patent Issue Date (Month/Day/Year)	1-6-04
	Express Mail Label No.	EV 406 074 775 US (3/22/2004)

APPLICATION FOR REISSUE OF:
(check applicable box)☒ Utility Patent☐ Design Patent☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No

(If Yes, check applicable box(es))

☒ Written Consent of all Assignees (PTO/SB/53)

☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☒ Original U.S. Patent for surrender
☒ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☒ Other: Check in the amount of \$1,328.00

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

27572

or ☐ Correspondence address below

Name	Harness, Dickey & Pierce, P.L.C.				
Address	P.O. Box 828				
City	Bloomfield Hills	State	MI	Zip Code	48303
Country	United States of America	Telephone	248-641-1600	Fax	248-641-0270

NAME (Print/Type)	Michael Malinzak	Registration No. (Attorney/Agent)	43,770
Signature		Date	March 22, 2004

17513 U.S. PTO
10/806087

032204

EV 406 074 775 US

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
0315-000505/REA**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 41	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 72	**** 31	X\$ _____ = X\$ _____ =		or	X\$18.00= \$558.00
(C) 3		(D) 3	* 0				X\$ _____=
Basic Fee (37 CFR 1.16(h))					\$ _____		\$ 770.00
Total Filing Fee					\$ _____	OR	\$ 1,328.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	...	MINUS	..	*	X\$ _____ =		or	X\$ _____ =
Independent Claims (37 CFR 1.16(i))	...	MINUS	*****	=	X\$ _____ =			X\$ _____ =
Total Additional Fee					\$ _____		OR	\$ _____

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. 08-0750 in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0750.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 1,328.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

March 22, 2004

Date


 Signature of Applicant, Attorney or Agent of Record

Michael Malinzak

Typed or printed name